

Personal Assistance Services/Community First Choice

MILEAGE AND MEDICAL ESCORT RECORD

☐ AB-CFC ☐ SD-CFC ☐ ABPAS ☐ SDPAS ☐ HCBS

Employee Name	Member Name	Medicaid ID	Pay Period (Mo/Day/Yr)
Shopping - (last three odometer digits required)			
Date:	Where:	Odometer start:	Odometer end: Total Miles:
Date:	Where:	Odometer start:	Odometer end: Total Miles:
Date:	Where:	Odometer start:	Odometer end: Total Miles:
Community Integration - (CFC Only - last three odometer digits required)			
Date:	Where:	Odometer start:	Odometer end: Total Miles:
Date:	Where:	Odometer start:	Odometer end: Total Miles:
Date:	Where:	Odometer start:	Odometer end: Total Miles:
WAIVER Mileage - (last three odometer digits required)			
Date:	Where:	Odometer start:	Odometer end: Total Miles:
Date:	Where:	Odometer start:	Odometer end: Total Miles:
Date:	Where:	Odometer start:	Odometer end: Total Miles:
Medical Escort – T2001 (last three odometer digits required)			
<i>Escort time is above and beyond time authorized on the MPQH services profile. Mileage must be reimbursed through Medicaid state plan transportation. Mileage less than 8 miles one way must be documented and submitted on the PAS Providers- Transportation Log and faxed to MPQH at 1-800-291-7791. Mileage 8 miles or more each way must be prior authorized through the Medicaid state plan transportation program 1-800-292-7114.</i>			
DATE:	NAME OF HCP:	SPECIFIC LOCATION:	
Time left for Apt:	Time Returned from Apt:	Total Time:	
Odometer Start:	Odometer End:	Total Miles:	
DATE:	NAME OF HCP:	SPECIFIC LOCATION:	
Time left for Apt:	Time Returned from Apt:	Total Time:	
Odometer Start:	Odometer End:	Total Miles:	
DATE:	NAME OF HCP:	SPECIFIC LOCATION:	
Time left for Apt:	Time Returned from Apt:	Total Time:	
Odometer Start:	Odometer End:	Total Miles:	
<u>Comments:</u>			
This is to certify that I worked the hours recorded and completed the work tasks assigned.		<hr/>	
		Employee Signature	
This is to certify that the employee has worked the hours recorded, completed the tasks assigned. Misrepresentation constitutes fraud.		<hr/>	
		Member/PR Signature	
		<hr/>	
		Agency Representative Signature	
		<hr/>	
		Date	
		<hr/>	
		Date	
		<hr/>	